

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request US EPA, OAR, OAP, GPD, AERB	2. OMB control number b. G None a 2060 - 0382 _ _ _ _ _
3. Type of information collection (<i>check one</i>) a. G New collection b. G Revision of a currently approved collection c. X Extension of a currently approved collection d. G Reinstatement, without change , of a previously approved collection for which approval has expired e. G Reinstatement, with change , of a previously approved collection for which approval has expired f. G Existing collection in use without an OMB control number <i>For b-f, note item A2 of Supporting Statement Instructions</i>	4. Type of review requested (<i>check one</i>) a. X Regular b. G Emergency - Approval requested by: ___/___/___ c. G Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? G Yes X No 6. Requested expiration date a. X Three years from approval date b. G Other Specify: ___/___/___
7. Title PFC Emission Reduction Partnership for the Semiconductor Industry, Non Rule Related, Memo of Understanding	
8. Agency form number(s) (<i>If applicable</i>) 1823.02	
9. Keywords Clean Air Act, Environmental Protection, Air Pollution Control	
10. Abstract EPA seeks to renew this ICR to continue collecting information from companies participating in the PFC Emission Reduction Partnership. As participants in this voluntary program, semiconductor manufacturers agree to endeavor to reduce their emissions of extremely potent greenhouse gases such as PFCs and SF6. EPA's partner companies will estimate and report their annual overall PFC emissions for all U.S. facilities. This information will be aggregated and provided to EPA via the designated third party allowing for evaluation of the overall emission reductions achieved by the program.	
11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>) a. ___ Individuals or households d. ___ Farms b. P Business or other for-profit e. ___ Federal Government c. ___ Not-for-profit institutions f. ___ State, Local or Tribal Government	12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>) a. P Voluntary b. G Required to obtain or retain benefits c. G Mandatory
13. Annual reporting and recordkeeping hour burden a. Number of respondents 25 b. Total annual responses 25 1. Percentage of these responses collected electronically 0 % c. Total hours requested 14,950 d. Current OMB inventory 17,126 e. Difference (2,176) f. Explanation of difference 1. Program Change 0 2. Adjustment (2,176)	14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs 0 b. Total annual costs (O&M) 139 c. Total annualized cost requested 139 d. Current OMB inventory 539 e. Difference (400) f. Explanation of difference 1. Program change 0 2. Adjustment (400)

<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input checked="" type="checkbox"/> Program planning or management</p> <p>b. <input checked="" type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input checked="" type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input checked="" type="checkbox"/> On occasion 2. <input checked="" type="checkbox"/> Weekly 3. <input checked="" type="checkbox"/> Monthly</p> <p>4. <input checked="" type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biannually 8. <input checked="" type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u> Scott Bartos </u></p> <p>Phone: <u> (202) 564-9167 </u></p>